

OVERNIGHT & OUT-OF-STATE FIELD TRIP REQUEST FORM

All overnight and out-of-state field trips require the approval of the Board of Education 60 days in advance of the departure date. All foreign travel field trips must be submitted for Board approval 90 days in advance of the departure date. The following information must be forwarded electronically and in TRIPLICATE (hard copies) 30 days prior to the Board meeting which summarizes the trip. NOTE: A Narrative must be attached justifying this field trip to the school curriculum and/or mission statement. No financial commitments are to be made until Board approval. **This form must be typewritten and ALL items filled in or marked N/A.**

Name of School: **Middletown HS** Date of Request: **09/16/2025**
Name of Club or Activity: **Middletown Performing Arts Classes MPAC**
Trip To: **Broadway, NYC** Purpose: **Attend a live Broadway musical**
Number of Students Participating: **37**
Number of students eligible to go on the field trip: **200+**
Dates of Trip: From: **01/03/26** To: **(same day)** # of school days missed: **0 (Saturday)**

Names of Teachers and Chaperones:

1. Lauren Otto	5.
2. Jillian Kellogg	6.
3. Katie Vandrilla	7.
4.	8.

Number of Non-Chaperone Adults going on trip:

Transportation: ☒ ^{to train station} Bus ☐ Van ☒ Train ☐ Plane ☐ Car ☒ Other walking
^{from train station}

Are fund-raising activities planned: **Yes** If so, describe: **Lyman pies, wrapping paper, Little Caesar's etc**

Amount of money raised through fundraisers: **TBD**

Lodging: **N/A** Hotel/Motel Camp Private Home

Insurance Arrangements for Staff and Students: **N/A**

Cost per Student: \$ **120** Cost per Teacher and/or Chaperone: \$ **135**

Cost per Nurse: \$ (if necessary) Cost per Paraprofessional: \$ (if necessary)

If Travel Agencies are engaged, at least three quotations need to be provided with documentation attached to this form: **N/A**

- a. c.
b. d. Other

Name of teacher making request: **Lauren Otto**

Approved by Department Head at secondary level: **[Signature]**

Approved by Principal: **[Signature]**

Authorized by Chief Academic Officer: **[Signature]**

Superintendent Approval: **[Signature]**

Date: **9/29/24**